

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	PTD	9-21-94
TYPIST	359	9-26-94
VERIFIER	34	9-20
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	10/4/94
2	7-23-94
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SYMBOLS

✓	Rejected
—	Drawn
— (Through number)	Cancelled
—	Restricted
+	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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